

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

FILE NO.

10-877439

FILE NO. 10-877439

OFFICE USE ONLY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81						
2							82						
3							83						
4							84						
5							85						
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48													
49													
50													
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						